

## 1. Full Name

---

First, Middle, Last Name

---

All other names by which you have been known

---

Age \_\_\_\_\_  Male  Female  
Date of Birth (DOB)

---

Are you a U.S. citizen?

---

If no, country of Citizenship

## 2. Current Residence

---

Street Address

---

City

---

State

County

Zip

---

Phone

Alt Phone

---

Email

### 3. If you are married, your spouse's full name

---

Full Name

---

All other names by which you have been known

---

Age

Date of Birth(DOB)

Male  Female

---

Date of Marriage

---

Place of Marriage

---

Are you currently living with your spouse?

---

Phone

Alt Phone

---

Email

**4. Do you and your spouse have a Pre-Nuptial Agreement which identifies and disposes of separate spousal property?**

---

Full Name

---

All other names by which you have been known

---

\_\_\_\_\_  Male  Female  
Age                      Date of Birth (DOB)

---

Are you a U.S. citizen?

---

If no, country of Citizenship

**5. If either of you or your spouse have been divorced, please answer the following:**

---

If yes, which spouse?

---

Date of Marriage              Date of Divorce              Date of Spouse's Death (if applicable)

**6. Have you or your spouse created any trusts or made gifts though trusts to other?**

---

If yes, describe and include a copy

**7. Do you or your spouse expect any inheritance?  
If yes, state from whom and amount expected.**

---

**8. Do you or your spouse expect any inheritance?  
If yes, state from whom and how much.**

---

**1. Full Name**

\_\_\_\_\_  
Son/Daughter

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Child of Current Marriage

---

If no, Name of Other Parent

---

**2. Full Name**

\_\_\_\_\_  
Son/Daughter

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Child of Current Marriage

---

If no, Name of Other Parent

---

**3. Full Name**

\_\_\_\_\_  
Son/Daughter

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Child of Current Marriage

---

If no, Name of Other Parent

---

#### 4. Full Name

---

Son/Daughter

---

DOB

---

Child of Current Marriage

---

If no, Name of Other Parent

---

#### 5. Full Name

---

Son/Daughter

---

DOB

---

Child of Current Marriage

---

If no, Name of Other Parent

**Intellectual disability** - a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior which covers many everyday social and practical skills.

**9. Are any of your children or other beneficiaries intellectually or physically disabled or have special needs?**

---

If so, note any special provisions

---

If so, are they presently receiving, or do you anticipate that they may apply for, SSI benefits in the future?

*Note: If you leave a bequest, directly to a beneficiary the recipient might be disqualified from SSI benefits.*

**10.(a) Deceased Biological or legally adopted children if applicable**

---

**1. Full Name**

---

Son/Daughter

---

DOB

---

Child of Current Marriage

---

**2. Full Name**

---

Son/Daughter

---

DOB

---

Child of Current Marriage

**10.(b) Deceased child's living children if applicable**

---

**1. Full Name**

---

Son/Daughter

---

DOB

---

Child of Current Marriage

---

**2. Full Name (First, Middle, Last)**

---

Son/Daughter

---

DOB

---

Child of Current Marriage

**11. If you have grandchildren, state the following for each. If not, continue to question 12.**

---

**1. Full Name**

---

Grandson/Granddaughter

---

DOB

---

Living

---

**2. Full Name**

---

Grandson/Granddaughter

---

DOB

---

Living

---

**3. Full Name**

---

Grandson/Granddaughter

---

DOB

---

Living

**12. (a) If your children are under the age of 18, state the following for the person you wish to act as their guardian in the event of your death or in case of the joint death of you and your spouse.**

---

Name

---

Relationship

---

Address

**12. (b) If at the time of your death the person named above is unwilling to serve as guardian, please list an alternative:**

---

Name

---

Relationship

---

Address

**13. Indicate how you want your assets to pass at your death. *Please check the ONE option you prefer:***

**Option A:**

**I want my assets to pass to my spouse and children as follows:**

To my spouse, if surviving.

If my spouse predeceases me, my assets will be divided in equal shares to my children.

If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.

---

---



**Option B:**

**I am unmarried with children and want my assets to pass as follows:**

In equal shares to my children

If one or more of my children predeceases me, that child's share in my estate is distributed to his or her in equal shares.

In the event all my children and descendants fail to survive me, I want my assets to be distributed as follows:

---

---

**Option C:**

**None of the above. I want my assets to pass as follows:**

---

---

---

---

*\*\*\*If you leave real property with a mortgage the property will pass to the beneficiary named in your will, subject to the mortgage. If you want to be free and clear of debt, you must direct that other assets pay off the debt, provided there are sufficient assets available\*\*\**

**Executor** - A person who is appointed by a testator to execute the testator's wishes laid out in a Will.

**14. Who do you want named as Executor of the estate?**

---

Full Name

---

(First Alternative) Full name

---

(Second Alternative) Full name

**15. If you are married, your spouse's Executor**

---

Full Name

---

(First Alternative) Full name

---

(Second Alternative) Full name

**Trustee** - A person who controls property or money for the benefit of another person.

**16. Who do you want to be the Trustee of any trusts, If applicable)?**

---

Full Name

---

(First Alternative) Full name

---

(Second Alternative) Full name

**17. If you are married, your spouse's trustee:**

---

Full Name

---

(First Alternative) Full name

---

(Second Alternative) Full name

**Durable Power of Attorney** - This document gives the person or persons named, the power to handle your financial affairs. The person(s) you choose must be someone you trust to make all your financial decisions. Its power is extinguished upon your death.

**18. Who do you want to name as agent on your Durable Power of Attorney?**

---

**Full Name**

---

Address

---

Phone Number

---

Relationship

---

**(First Alternative) Full name**

---

Address

---

Phone Number

---

Relationship

---

**(Second Alternative) Full name**

---

Address

---

Phone Number

---

Relationship

**19. If you are married your Spouse's agents**

---

**Full Name (First, Middle, Last)**

---

Address

---

Phone Number

---

Relationship

---

**(First Alternative) Full name**

---

Address

---

Phone Number

---

Relationship

---

**(Second Alternative) Full name**

---

Address

---

Phone Number

---

Relationship

**Medical Power of Attorney** - This document gives the person or persons named the power to make medical decisions in the event you are not able to. They will be able to confer with medical personnel and make decisions on your behalf.

**20. Who would you like to name as agent on your Medical Power of Attorney?**

---

**Full Name**

---

Address

---

Phone Number

---

Relationship

---

**(First Alternative)**

---

Address

---

Phone Number

---

Relationship

---

**(Second Alternative)**

---

Address

---

Phone Number

---

Relationship

**21. If you are married your Spouse's agents**

---

Full Name

---

Address

---

Phone Number

---

Relationship

---

**(First Alternative)**

---

Address

---

Phone Number

---

Relationship

---

**(Second Alternative)**

---

Address

---

Phone Number

---

Relationship

**HIPAA Release** - This document releases health information to those you designate.

**22. Did you want to include any other persons on the separate HIPAA release?**

---

Full Name

---

Address

---

Phone Number

---

Relationship

**23. If you are married, does your spouse wish to include any other persons on the separate HIPAA release?**

---

Full Name

---

Address

---

Phone Number

---

Relationship



**24. Do you want an Advanced Directive  
(Commonly called a Living Will)?**

Yes    No

---

**25. Do you want to complete an Organ Donation  
Form?**

Yes    No

---

**26. Do you plan to be buried or cremated? Do you  
want to be buried in a specific location? Or in the  
case of cremation do you want your ashes spread  
in a specific location?**

---

---

**To learn more or to download questionnaire visit:  
[www.peacethroughplanning.com](http://www.peacethroughplanning.com)**

<b>Description of Asset:</b>	<b>Individual Assets (Dollar Amounts)</b>	<b>Spouses's Separate Assets</b>	<b>Community Assets (Dollar Amounts)</b>	<b>Beneficiaries</b>
Home				
Other Real Estate				
Bank Accounts				
1.				
2.				
3.				
4.				
Automobiles				
1.				
2.				
3.				
401k Plans or Qualified Retirement Plan				
1.				
2.				
3.				
Stocks, Mutual Funds & Other Investments				
1.				
2.				
3.				
Business Interests				
Life Insurance				
Miscellaneous Collectibles				
<b>Totals</b>				



